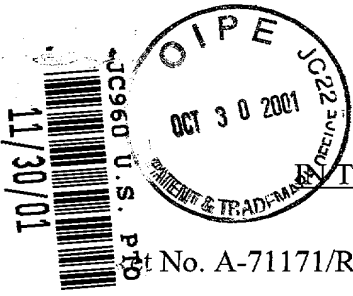


12-03-01

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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Pat No. A-71171/RMS/DCF

Anticipated Classification of this Application:

Class: Subclass:

Prior Application:

Examiner:
Art Unit: 1645

"EXPRESS MAIL" MAILING LABEL
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 I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
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TYPED NAME Darryl Kriner
 SIGNED [Signature]

United States Patent and Trademark Office,
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Sir:

This is a request for filing an

- ☐ Original
- ☐ Continuation
- ☐ Divisional
- ☒ Continuation-in-part

application under 37 C.F.R. 1.53(b), in the name of David MORRIS and Eric ENGELHARD, for
NOVEL COMPOSITIONS AND METHODS FOR CANCER.

1. (a) ☐ Enclosed is a new application.
- (b) ☒ Enclosed is a continuation-in-part application.
- (c) ☐ Enclosed is a copy of the prior application.

2. (a) ☐ Enclosed is a new Declaration.
- (b) ☐ Enclosed is a copy of the prior executed Declaration as originally filed.
- (c) ☐ Enclosed is a Combined Declaration/Power of Attorney.

3. (a) Applicant claims small entity status in accordance with 37 CFR 1.27.
 (b) X A claim of Small Entity status is of record in the prior application.

4. X The filing fee is calculated below:

Claims as filed in the prior application, less any claims canceled by amendment below:

	(Col. 1)	(Col.2)	<u>SMALL ENTITY</u>			<u>OTHER THAN A SMALL ENTITY</u>	
For:	<u>No. Filed</u>	<u>No. Extra</u>	<u>Rate</u>	<u>Fee</u>	<u>Or</u>	<u>Rate</u>	<u>Fee</u>
Basic Fee				\$ 370.00			\$690.00
Total Claims	<u>19</u> - 20 =	<u>0</u>	<u>0</u> x 9 =	\$ <u>.00</u>	OR	<u> </u> x \$18 =	\$ <u> </u>
Indep Claims	<u>14</u> - 3 =	<u>11</u>	<u>11</u> x 42 =	\$ <u>462.00</u>	OR	<u> </u> x \$84 =	\$ <u> </u>
[] Multiple Dependent Claims			+ \$140 =	\$ <u>.00</u>	OR	+ \$280 =	\$ <u> </u>
Total				<u>\$ 832.00</u>			<u>\$ <u> </u></u>

* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.

5. X NO check is enclosed.

6. Our check in the amount of is enclosed.

7. The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. A-71171/RMS/DCF).

8. Cancel in this application original claims of the prior application before calculating the filing fee. (At least one independent claim must be retained for filing purposes.)

9. Amend the specification by inserting before the first line the sentence:

10. (a) ☐ Informal drawings are enclosed, ☐ sheets.
(b) ☐ Formal drawings are enclosed, ☐ sheets.
11. (a) ☒ Claims benefit of U.S. Applications Serial Nos. 09/747,377, filed December 22, 2000, and 09/798,586, filed March 2, 2001..
(b) ☐ The certified copy has been filed in prior application Serial No. filed on .
12. ☐ An Assignment is enclosed.
13. ☐ The prior application is assigned of record to .
14. ☐ A Power of Attorney by Assignee is enclosed.
15. ☒ The power of attorney in the prior application is to:
FLEHR HOHBACH TEST ALBRITTON & HERBERT, LLP
(a) ☐ The power appears in the original papers in the prior application.
(b) ☐ Since the power does not appear in the original papers, a copy of the power in the prior application is enclosed.
(c) ☒ Address all future communications to:
Robin M. Silva, Esq.
FLEHR HOHBACH TEST ALBRITTON & HERBERT LLP
Suite 3400, Four Embarcadero Center
San Francisco, California 94111-4187
Telephone: (415) 781-1989
16. ☐ A preliminary amendment is enclosed. (Claims added by this amendment have been properly numbered consecutively beginning with the number next following the highest numbered original claim in the prior application.)
17. ☐ A Prior Art Statement is enclosed.

18. ____ A Sequence Listing is enclosed (comprising a communication, computer readable sequence listing, and paper copy thereof).

19. ____ I hereby verify that the attached papers are a true duplicate of prior application Serial No. ____
____ as originally filed on ____.

Date: November 30, 2001

David C. Foster

David C. Foster, Reg. No. 44,685
Patent Agent for
Robin M. Silva, Reg. No. 38,304

Address of Signer:

☒ Attorney or agent of record

☐ Filed under Section 1.34(a)

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Telephone: 415-781-1989

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